

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047452

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 47

Primary Registration District No. 3016

Registrar's No. 475

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 20 1963

1. PLACE OF DEATH

a. COUNTY COLE

b. CITY (If outside corporate limits, give TOWNSHIP only)

JEFFERSON CITY

Length of stay in 1b

2 WKS

c. FULL NAME OF (If NOT in hospital, give location)

MEM. HOSPITAL

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)

a. STATE Mo

b. COUNTY CAPER

c. CITY OR TOWN

RAIRIE HOME

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

GEN. DEL.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

LUCILLE C. BODAMER

4. DATE OF DEATH DEC 13, 1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/27/93

9. AGE (last birthday)

70

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (City, and state or country)

RAIRIE HOME, MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

NEWTON GILBREATH

13b. MOTHER'S MAIDEN NAME

MYRA BOSWELL

14. NAME OF HUSBAND OR WIFE

Q.W. BODAMER SR.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of serv)

No

16. SOCIAL SECURITY NO.

A.W. BODAMER SR.

17. INFORMANT

RAIRIE HOME, MO

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Infarction of the Myocardium

INTERVAL BETWEEN ONSET AND DEATH

4 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Atherosclerotic coronary artery thrombosis

DUE TO (c)

Atherosclerotic heart disease

Indefinite

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Glomerulonephritis Subacute

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 15 1963 to 12-13-63 and last saw her alive on 12-13-63

Death occurred at 7:55 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John D. Hawthorne, MD

22b. ADDRESS

302 Bolivar

22c. DATE SIGNED

12/13/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12/16/63

23c. NAME OF CEMETERY OR CREMATORY

WALNUT GROVE CEM.

23d. LOCATION (City, town, or county)

Boonville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

HORABECK - Thacher - PRAIRIE HOME, MO. 16 December 1963

25. DATE RECD. BY LOCAL REG.

Theresa E. Richter

26. REGISTRAR'S SIGNATURE

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Berry W. Shaker
Licensed Embalmer No. 3944

P. O. Address

Boonville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.